



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

Participant ID

Variable # 1

Sas Name: ID

Sas Label: Participant ID

Usage Notes: none

Categories: Study: Administration

F30 Days since randomization/enrollment

Variable # 2

Sas Name: F30DAYS

Sas Label: F30 Days since randomization/enrollment

Usage Notes: none

Categories: Study: Administration

	N	Min	Max	Mean	Std Dev
	93589	-540	949	-29.52873	40.94288

F30 Hospitalized in last two years

Have you been hospitalized overnight at any time during the past two years?

Variable # 3

Sas Name: HOSP2Y

Sas Label: Hospitalized overnight last two years

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History

Values		N	%
0	No	77,065	82.3%
1	Yes	14,942	16.0%
.	Missing	1,582	1.7%
		93,589	

F30 Glaucoma

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Glaucoma

Variable # 4

Sas Name: GLAUCOMA

Sas Label: Glaucoma ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	87,051	93.0%
1	Yes	4,554	4.9%
.	Missing	1,984	2.1%
		93,589	



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

F30 Cataracts

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Cataract(s)

Variable # 5
Sas Name: CATARACT
Sas Label: Cataract ever

Usage Notes: Not collected on all versions of Form 30.
Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	74,465	79.6%
1	Yes	17,140	18.3%
.	Missing	1,984	2.1%
		93,589	

F30 High cholesterol

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) High cholesterol requiring pills

Variable # 6
Sas Name: HICHOLRP
Sas Label: High cholesterol requiring pills ever

Usage Notes: Not collected on all versions of Form 30.
Categories: Medical History: Cardiovascular

Values		N	%
0	No	77,832	83.2%
1	Yes	13,773	14.7%
.	Missing	1,984	2.1%
		93,589	

F30 Asthma

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Asthma

Variable # 7
Sas Name: ASTHMA
Sas Label: Asthma ever

Usage Notes: none
Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	85,127	91.0%
1	Yes	7,339	7.8%
.	Missing	1,123	1.2%
		93,589	



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

F30 Emphysema/chronic bronchitis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Emphysema or chronic bronchitis

Variable # 8

Sas Name: EMPHYSEM

Sas Label: Emphysema ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	88,075	94.1%
1	Yes	3,530	3.8%
.	Missing	1,984	2.1%
		93,589	

F30 Kidney stones

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Kidney or bladder stones (renal or urinary calculi)

Variable # 9

Sas Name: KIDNEYST

Sas Label: Kidney or bladder stones ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	88,001	94.0%
1	Yes	3,604	3.9%
.	Missing	1,984	2.1%
		93,589	

F30 High blood calcium

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) High blood calcium

Variable # 10

Sas Name: HIBLDCA

Sas Label: High blood calcium

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	90,496	96.7%
1	Yes	1,109	1.2%
.	Missing	1,984	2.1%
		93,589	



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

F30 Stomach or duodenal ulcer

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Stomach or duodenal ulcer

Variable # 11		Usage Notes: none	
Sas Name: STOMULCR		Categories: Medical History: Other Disease/Condition	
Sas Label: Stomach of duodenal ulcer ever			
Values		N	%
0	No	86,378	92.3%
1	Yes	6,085	6.5%
.	Missing	1,126	1.2%
		93,589	

F30 Diverticulitis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Diverticulitis

Variable # 12		Usage Notes: Not collected on all versions of Form 30.	
Sas Name: DIVERTIC		Categories: Medical History: Other Disease/Condition	
Sas Label: Diverticulitis ever			
Values		N	%
0	No	83,652	89.4%
1	Yes	7,953	8.5%
.	Missing	1,984	2.1%
		93,589	

F30 Ulcerative colitis or Crohns

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Ulcerative colitis or Crohn's disease

Variable # 13		Usage Notes: none	
Sas Name: COLITIS		Categories: Medical History: Other Disease/Condition	
Sas Label: Ulcerative colitis ever			
Values		N	%
0	No	91,335	97.6%
1	Yes	1,137	1.2%
.	Missing	1,117	1.2%
		93,589	



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

F30 Systemic erythematosus

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Systemic erythematosus ("lupus" or SLE)

Variable # 14		Usage Notes: none	
Sas Name: LUPUS		Categories: Medical History: Other Disease/Condition	
Sas Label: Lupus ever			
Values		N	%
0	No	91,956	98.3%
1	Yes	510	0.5%
.	Missing	1,123	1.2%
		93,589	

F30 Pancreatitis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Pancreatitis (inflamed pancreas)

Variable # 15		Usage Notes: none	
Sas Name: PANCREAT		Categories: Medical History: Other Disease/Condition	
Sas Label: Pancreatitis ever			
Values		N	%
0	No	91,745	98.0%
1	Yes	725	0.8%
.	Missing	1,119	1.2%
		93,589	

F30 Osteoporosis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Osteoporosis (weak, thin, or brittle bones)

Variable # 16		Usage Notes: none	
Sas Name: OSTEOPOR		Categories: Medical History: Bone/Fractures	
Sas Label: Osteoporosis ever			
Values		N	%
0	No	84,154	89.9%
1	Yes	8,282	8.8%
.	Missing	1,153	1.2%
		93,589	



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

F30 Hip replacement

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Hip replacement

Variable # 17

Sas Name: HIPREP

Sas Label: Hip replacement ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures
Medical History: Other Disease/Condition

Values		N	%
0	No	89,977	96.1%
1	Yes	1,628	1.7%
.	Missing	1,984	2.1%
		93,589	

F30 Other joint replacement

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Other joint replacement

Variable # 18

Sas Name: OTHJREP

Sas Label: Other joint replacement ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	89,506	95.6%
1	Yes	2,099	2.2%
.	Missing	1,984	2.1%
		93,589	

F30 Part of intestines removed

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Part of intestines taken out

Variable # 19

Sas Name: INTESTRM

Sas Label: Part of intestines removed ever

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	89,996	96.2%
1	Yes	2,084	2.2%
.	Missing	1,509	1.6%
		93,589	



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

F30 Migraine headaches

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Migraine headaches

Variable # 20

Sas Name: MIGRAINE

Sas Label: Migraine headaches ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	81,071	86.6%
1	Yes	10,534	11.3%
.	Missing	1,984	2.1%
		93,589	

F30 Alzheimers disease

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Alzheimer's disease

Variable # 21

Sas Name: ALZHEIM

Sas Label: Alzheimer's disease ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	91,543	97.8%
1	Yes	62	0.1%
.	Missing	1,984	2.1%
		93,589	

F30 Multiple sclerosis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Multiple sclerosis

Variable # 22

Sas Name: MS

Sas Label: MS ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	91,324	97.6%
1	Yes	281	0.3%
.	Missing	1,984	2.1%
		93,589	



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

F30 Parkinsons disease

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Parkinson's disease

Variable # 23

Sas Name: PARKINS

Sas Label: Parkinson's disease ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	91,419	97.7%
1	Yes	186	0.2%
.	Missing	1,984	2.1%
		93,589	

F30 Amyotropic lateral sclerosis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Amyotropic Lateral Sclerosis (ALS, motor neuron disease, or Lou Gehrig's disease)

Variable # 24

Sas Name: ALS

Sas Label: ALS ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	91,551	97.8%
1	Yes	54	0.1%
.	Missing	1,984	2.1%
		93,589	

F30 None of the above conditions

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
None of the above

Variable # 25

Sas Name: NACOND

Sas Label: None of listed medical conditions ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	53,348	57.0%
1	Yes	38,257	40.9%
.	Missing	1,984	2.1%
		93,589	



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

F30 Heart or circulation problems

Has a doctor ever told you that you had heart problems, problems with your blood circulation, or blood clots?

Variable # 26

Sas Name: CVD

Sas Label: Cardiovascular disease ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

Values		N	%
0	No	74,108	79.2%
1	Yes	17,523	18.7%
.	Missing	1,958	2.1%
		93,589	

F30 Cardiac arrest

Please mark the conditions or procedures below that a doctor said you had. Cardiac arrest (where your heart stopped and needed to be restarted)

Variable # 27

Sas Name: CARDREST

Sas Label: Cardiac arrest ever

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Categories: Medical History: Cardiovascular

Values		N	%
0	No	17,705	18.9%
1	Yes	348	0.4%
.	Missing	75,536	80.7%
		93,589	

F30 Heart failure

Please mark the conditions or procedures below that a doctor said you had. Heart failure or congestive heart failure

Variable # 28

Sas Name: CHF_F30

Sas Label: Congestive heart failure ever

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".
Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

Values		N	%
0	No	16,158	17.3%
1	Yes	1,021	1.1%
.	Missing	76,410	81.6%
		93,589	

F30 Cardiac catheterization

Please mark the conditions or procedures below that a doctor said you had. Cardiac catheterization (heart catheterization or coronary angiogram)

Variable # 29

Sas Name: CARDCATH

Sas Label: Cardiac catheterization ever

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Categories: Medical History: Cardiovascular

Values		N	%
0	No	88,326	94.4%
1	Yes	3,837	4.1%
.	Missing	1,426	1.5%
		93,589	



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

F30 Heart bypass

Please mark the conditions or procedures below that a doctor said you had. Heart bypass operation or coronary bypass surgery for blocked or clogged arteries in you heart

Variable # 30
Sas Name: CABG
Sas Label: Coronary bypass surgery ever

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".
Categories: Medical History: Cardiovascular

Values		N	%
0	No	91,282	97.5%
1	Yes	881	0.9%
.	Missing	1,426	1.5%
		93,589	

F30 Angioplasty-coronary artery

Please mark the conditions or procedures below that a doctor said you had. Angioplasty of the coronary arteries (opening the arteries of the heart with a balloon or other device, sometimes called a PTCA)

Variable # 31
Sas Name: PTCA
Sas Label: Angioplasty of coronary arteries ever

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".
Categories: Medical History: Cardiovascular

Values		N	%
0	No	91,039	97.3%
1	Yes	1,128	1.2%
.	Missing	1,422	1.5%
		93,589	

F30 Carotid endarterectomy

Please mark the conditions or procedures below that a doctor said you had. Carotid endarterectomy or carotid angioplasty (operation for blockage or narrowing of the arteries in your neck)

Variable # 32
Sas Name: CAROTID
Sas Label: Carotid endarterectomy/angioplasty ever

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".
Categories: Medical History: Cardiovascular

Values		N	%
0	No	91,822	98.1%
1	Yes	344	0.4%
.	Missing	1,423	1.5%
		93,589	



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

F30 Atrial fibrillation

Please mark the conditions or procedures below that a doctor said you had. Atrial fibrillation (a type of irregular heart beat)

Variable # 33

Sas Name: ATRIALFB

Sas Label: Atrial fibrillation ever

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Categories: Medical History: Cardiovascular

Values		N	%
0	No	87,733	93.7%
1	Yes	4,397	4.7%
.	Missing	1,459	1.6%
		93,589	

F30 Aortic aneurysm

Please mark the conditions or procedures below that a doctor said you had. Aortic aneurysm

Variable # 34

Sas Name: AORTICAN

Sas Label: Aortic aneurysm ever

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Categories: Medical History: Cardiovascular

Values		N	%
0	No	91,966	98.3%
1	Yes	187	0.2%
.	Missing	1,436	1.5%
		93,589	

F30 None of above heart problems

Please mark the conditions or procedures below that a doctor said you had. None of the above

Variable # 35

Sas Name: NACVD

Sas Label: None of the listed CVD conditions ever

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".
Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

Values		N	%
0	No	8,682	9.3%
1	Yes	8,497	9.1%
.	Missing	76,410	81.6%
		93,589	

F30 Arthritis ever

Did your doctor ever say that you had arthritis?

Variable # 36

Sas Name: ARTHRIT

Sas Label: Arthritis ever

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	47,685	51.0%
1	Yes	45,245	48.3%
.	Missing	659	0.7%
		93,589	



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

F30 Type of Arthritis

What type of arthritis do you have?

Variable # 37
Sas Name: RHEUMAT
Sas Label: Rheumatoid arthritis ever

Usage Notes: Sub-question of F30 V3 Q4 "Arthritis ever".
Not collected on all versions of Form 30.
Categories: Medical History: Other Disease/Condition

Values		N	%
1	Rheumatoid Arthritis	4,975	5.3%
8	Other/Don't Know	39,411	42.1%
.	Missing	49,203	52.6%
		93,589	

F30 Gallbladder disease/gallstones

Did a doctor ever say that you had gallbladder disease or gallstones?

Variable # 38
Sas Name: GALLBS
Sas Label: Gallbladder disease or gallstones ever

Usage Notes: none
Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	78,034	83.4%
1	Yes	14,927	15.9%
.	Missing	628	0.7%
		93,589	

F30 Gallbladder disease now

Do you now have gallbladder disease or gallstones?

Variable # 39
Sas Name: GALLBSNW
Sas Label: Gallbladder disease or gallstones now

Usage Notes: Sub-question of F30 V3 Q5 "Gallbladder disease/gallstones".
Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	11,371	12.1%
1	Yes	2,131	2.3%
.	Missing	80,087	85.6%
		93,589	

F30 Gallstones removed

Did you ever have a procedure to remove gallstones?

Variable # 40
Sas Name: GALLSTRM
Sas Label: Gallstones removed

Usage Notes: Sub-question of F30 V3 Q5 "Gallbladder disease/gallstones".
Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	6,830	7.3%
1	Yes	6,563	7.0%
.	Missing	80,196	85.7%
		93,589	



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

F30 Gallbladder removed

Did you have your gallbladder removed?

Variable # 41

Sas Name: GALLBLRM

Sas Label: Gallbladder removed

Usage Notes: Sub-question of F30 V3 Q5 "Gallbladder disease/gallstones".

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	3,075	3.3%
1	Yes	11,640	12.4%
.	Missing	78,874	84.3%
		93,589	

F30 Thyroid gland problem ever

Did a doctor ever say that you had a thyroid gland problem (not including thyroid cancer)?

Variable # 42

Sas Name: THYROID

Sas Label: Thyroid gland problem ever

Usage Notes: none

Categories: Medical History: Thyroid

Values		N	%
0	No	69,563	74.3%
1	Yes	23,232	24.8%
.	Missing	794	0.8%
		93,589	

F30 Goiter ever

Do you have any of the following conditions? (Please mark "No" or "Yes" for each condition.) Goiter (large thyroid gland)

Variable # 43

Sas Name: GOITER

Sas Label: Goiter ever

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

Values		N	%
0	No	14,262	15.2%
1	Yes	2,845	3.0%
9	Don't know	1,023	1.1%
.	Missing	75,459	80.6%
		93,589	

F30 Goiter now

If yes do you now have this problem? Goiter (large thyroid gland)

Variable # 44

Sas Name: GOITERNW

Sas Label: Goiter now

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Sub-question of F30 V3 Q6.1.1 "Goiter ever".
Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

Values		N	%
0	No	1,824	1.9%
1	Yes	956	1.0%
.	Missing	90,809	97.0%
		93,589	



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

F30 Nodule ever

Do you have any of the following conditions? (Please mark "No" or "Yes" for each condition.) Nodule (lumps in the thyroid gland)

Variable # 45

Sas Name: NODULE

Sas Label: Thyroid nodule ever

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

Values		N	%
0	No	13,751	14.7%
1	Yes	3,194	3.4%
9	Don't know	1,179	1.3%
.	Missing	75,465	80.6%
		93,589	

F30 Nodule now

If yes do you now have this problem? Nodule (lumps in the thyroid gland)

Variable # 46

Sas Name: NODULENW

Sas Label: Thyroid nodule now

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Sub-question of F30 V3 Q6.1.2 "Nodule ever".
Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

Values		N	%
0	No	2,148	2.3%
1	Yes	968	1.0%
.	Missing	90,473	96.7%
		93,589	

F30 Overactive thyroid ever

Do you have any of the following conditions? (Please mark "No" or "Yes" for each condition.) Overactive thyroid

Variable # 47

Sas Name: OVRTHY

Sas Label: Overactive thyroid ever

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

Values		N	%
0	No	13,294	14.2%
1	Yes	2,674	2.9%
9	Don't know	1,629	1.7%
.	Missing	75,992	81.2%
		93,589	



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

F30 Overactive thyroid now

If yes do you now have this problem? Overactive thyroid

Variable # 48
Sas Name: OVRTHYNW
Sas Label: Overactive thyroid now

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Sub-question of F30 V3 Q6.1.3 "Overactive thyroid ever".
Not collected on all versions of Form 30.
Categories: Medical History: Thyroid

Values		N	%
0	No	2,145	2.3%
1	Yes	453	0.5%
.	Missing	90,991	97.2%
		93,589	

F30 Underactive thyroid ever

Do you have any of the following conditions? (Please mark "No" or "Yes" for each condition.) Underactive thyroid

Variable # 49
Sas Name: UNDTHY
Sas Label: Underactive thyroid ever

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Not collected on all versions of Form 30.
Categories: Medical History: Thyroid

Values		N	%
0	No	4,225	4.5%
1	Yes	14,450	15.4%
9	Don't know	2,092	2.2%
.	Missing	72,822	77.8%
		93,589	

F30 Underactive thyroid now

If yes do you now have this problem? Underactive thyroid

Variable # 50
Sas Name: UNDTHYNW
Sas Label: Underactive thyroid now

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Sub-question of F30 V3 Q6.1.4 "Underactive thyroid ever".
Not collected on all versions of Form 30.
Categories: Medical History: Thyroid

Values		N	%
0	No	5,300	5.7%
1	Yes	8,775	9.4%
.	Missing	79,514	85.0%
		93,589	

F30 Hypertension

Did a doctor ever say that you had hypertension or high blood pressure? (Do not include high blood pressure that you had only when you were pregnant.)

Variable # 51
Sas Name: HYPT
Sas Label: Hypertension ever

Usage Notes: none
Categories: Medical History: Cardiovascular

Values		N	%
0	No	61,782	66.0%
1	Yes	31,074	33.2%
.	Missing	733	0.8%
		93,589	



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

F30 Age when told hypertension

How old were you when you were told you had high blood pressure? (Give your best guess.)

Variable # 52

Sas Name: HYPTAGE

Sas Label: Age told of hypertension

Usage Notes: Sub-question of F30 V3 Q7 "Hypertension".

Categories: Medical History: Cardiovascular

Values		N	%
1	Less than 20	293	0.3%
2	20-29	910	1.0%
3	30-39	2,736	2.9%
4	40-49	7,103	7.6%
5	50-59	11,026	11.8%
6	60-69	7,076	7.6%
7	70 or older	1,801	1.9%
.	Missing	62,644	66.9%
		93,589	

F30 Ever pills for high blood pressure

Did you ever take pills for high blood pressure?

Variable # 53

Sas Name: HYPTPILL

Sas Label: Pills for hypertension ever

Usage Notes: none

Categories: Medical History: Cardiovascular

Values		N	%
0	No	3,828	4.1%
1	Yes	27,609	29.5%
.	Missing	62,152	66.4%
		93,589	

F30 Taking pills now for high BP

Do you now take pills for high blood pressure?

Variable # 54

Sas Name: HYPTPILN

Sas Label: Pills for hypertension now

Usage Notes: Sub-question of F30 V3 Q7 "Hypertension".
Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

Values		N	%
0	No	6,700	7.2%
1	Yes	23,937	25.6%
.	Missing	62,952	67.3%
		93,589	



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

F30 Angina

Did a doctor ever say that you had angina (chest pains from a heart problem)?

Variable # 55

Sas Name: ANGINA

Sas Label: Angina ever

Usage Notes: none

Categories: Medical History: Cardiovascular

Values		N	%
0	No	87,421	93.4%
1	Yes	5,547	5.9%
.	Missing	621	0.7%
		93,589	

F30 Taking pills for angina now

Do you now take pills for angina?

Variable # 56

Sas Name: ANGNPILN

Sas Label: Pills for angina now

Usage Notes: Sub-question of F30 V3 Q8 "Angina".

Categories: Medical History: Cardiovascular

Values		N	%
0	No	3,094	3.3%
1	Yes	2,327	2.5%
.	Missing	88,168	94.2%
		93,589	

F30 Peripheral arterial disease

Did a doctor ever say that you had claudication or peripheral arterial disease (poor blood flow to the legs or blocked or narrowed arteries to the legs)?
Do not include varicose veins or phlebitis.

Variable # 57

Sas Name: PAD

Sas Label: Peripheral arterial disease ever

Usage Notes: none

Categories: Medical History: Cardiovascular

Values		N	%
0	No	90,808	97.0%
1	Yes	2,084	2.2%
.	Missing	697	0.7%
		93,589	

F30 Angiography ever

For the above condition, have you ever had: Angiography (dye in the arteries of the legs)?

Variable # 58

Sas Name: PADANGGR

Sas Label: Angiography for PAD ever

Usage Notes: Sub-question of F30 V3 Q9 "Peripheral arterial disease".
Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

Values		N	%
0	No	1,373	1.5%
1	Yes	510	0.5%
.	Missing	91,706	98.0%
		93,589	

**Form 30 - Medical History**

Data File: f30_os_pub

File Date: 08/02/2007 Structure: One row per participant

Population: OS participants

F30 Angioplasty-peripheral artery

For the above condition, have you ever had: Angioplasty (balloon catheter to open blockage)?

Variable # 59

Sas Name: PADANGP

Sas Label: Angioplasty for PAD ever

Usage Notes: Sub-question of F30 V3 Q9 "Peripheral arterial disease".
Not collected on all versions of Form 30.**Categories:** Medical History: Cardiovascular

Values		N	%
0	No	1,600	1.7%
1	Yes	215	0.2%
.	Missing	91,774	98.1%
		93,589	

F30 Surgery to improve flow ever

For the above condition, have you ever had: Surgery to improve blood flow in your legs (do not include surgery for varicose veins)?

Variable # 60

Sas Name: PADSURG

Sas Label: Surgery to improve flow to legs for PAD

Usage Notes: Sub-question of F30 V3 Q9 "Peripheral arterial disease".
Not collected on all versions of Form 30.**Categories:** Medical History: Cardiovascular

Values		N	%
0	No	1,576	1.7%
1	Yes	277	0.3%
.	Missing	91,736	98.0%
		93,589	

F30 Colonoscopy or sigmoidoscopy

Have you ever had a colonoscopy or sigmoidoscopy or flex sig (where a doctor inserts a tube in the rectum to check for bowel problems)?

Variable # 61

Sas Name: COLNSCPY

Sas Label: Colonoscopy ever

Usage Notes: Not collected on all versions of Form 30.**Categories:** Medical History: Colorectal

Values		N	%
0	No	42,058	44.9%
1	Yes	50,242	53.7%
.	Missing	1,289	1.4%
		93,589	

F30 When was last colonoscopy test

When was the last test?

Variable # 62

Sas Name: COLNSCDT

Sas Label: Date of last colonoscopy

Usage Notes: Sub-question of F30 V3 Q10 "Colonoscopy or sigmoidoscopy".
Not collected on all versions of Form 30.**Categories:** Medical History: Colorectal

Values		N	%
1	Less than 5 years ago	32,355	34.6%
2	5 or more years ago	17,712	18.9%
.	Missing	43,522	46.5%
		93,589	



Form 30 - Medical History

Data File: f30_os_pub

File Date: 08/02/2007 Structure: One row per participant

Population: OS participants

F30 Ever had polyps removed

Did you ever have any polyps of the colon, intestine, bowel, or rectum removed?

Variable # 63

Sas Name: PCOLONRM

Sas Label: Polyps of colon removed

Usage Notes: Sub-question of F30 V3 Q10 "Colonscopy or sigmoidoscopy".
Not collected on all versions of Form 30.

Categories: Medical History: Colorectal

Values		N	%
0	No	39,664	42.4%
1	Yes	9,110	9.7%
.	Missing	44,815	47.9%
		93,589	

F30 Rectal stool exam ever

Have you ever given a sample of your stool (BM, bowel movement, or feces) to be checked or had a rectal stool exam by a doctor or nurse? This is sometimes called a stool guaiac or hemocult test.

Variable # 64

Sas Name: HEMOCCUL

Sas Label: Hemocult test ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Colorectal

Values		N	%
0	No	20,408	21.8%
1	Yes	71,830	76.8%
.	Missing	1,351	1.4%
		93,589	

F30 When was last stool test

When was the last test?

Variable # 65

Sas Name: HEMOCCDT

Sas Label: Date of last hemocult test

Usage Notes: Sub-question of F30 V3 Q11 "Rectal stool exam ever".
Not collected on all versions of Form 30.

Categories: Medical History: Colorectal

Values		N	%
1	Less than 5 years ago	54,750	58.5%
2	5 or more years ago	16,839	18.0%
.	Missing	22,000	23.5%
		93,589	

F30 Cancer ever (excluding non-melan. skin cancer)

Did a doctor ever say that you had cancer, a malignant growth, or tumor? (This does not include "fibroids" of the uterus.)

Variable # 66

Sas Name: CANC_F30

Sas Label: Cancer ever

Usage Notes: none

Categories: Medical History: Cancer

Values		N	%
0	No	80,849	86.4%
1	Yes	12,075	12.9%
.	Missing	665	0.7%
		93,589	



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

F30 Cancer - breast

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Breast

Variable # 67
Sas Name: BRCA_F30
Sas Label: Breast cancer ever

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).
Categories: Medical History: Breast
Medical History: Cancer

Values		N	%
0	No	87,498	93.5%
1	Yes	5,299	5.7%
.	Missing	792	0.8%
		93,589	

F30 Age cancer - breast

How old were you when a doctor first told you that you had this cancer. Breast

Variable # 68
Sas Name: BRCA55
Sas Label: Breast cancer 55 or older

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q12.1.1 "Cancer - breast".
Not collected on all versions of form 30.

Categories: Medical History: Breast
Medical History: Cancer

Values		N	%
1	Less than 55	2,535	2.7%
2	55 or older	2,677	2.9%
.	Missing	88,377	94.4%
		93,589	

F30 Cancer - colon, rectum

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Colon, rectum, bowel or intestine

Variable # 69
Sas Name: COLN_F30
Sas Label: Colorectal cancer ever

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).
Categories: Medical History: Cancer
Medical History: Colorectal

Values		N	%
0	No	91,913	98.2%
1	Yes	857	0.9%
.	Missing	819	0.9%
		93,589	

F30 Age cancer - colon, rectum

How old were you when a doctor first told you that you had this cancer? Colon, rectum, bowel, or intestine

Variable # 70
Sas Name: COLOCA55
Sas Label: Colorectal cancer 55 or older

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q12.1.4 "Cancer - colon, rectum".
Not collected on all versions of Form 30.

Categories: Medical History: Cancer
Medical History: Colorectal

Values		N	%
1	Less than 55	233	0.2%
2	55 or older	543	0.6%
.	Missing	92,813	99.2%
		93,589	



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

F30 Cancer - thyroid

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Thyroid

Variable #	71	Usage Notes:	Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).
Sas Name:	THYRCA	Categories:	Medical History: Cancer Medical History: Thyroid
Sas Label:	Thyroid cancer ever		
Values		N	%
0	No	92,247	98.6%
1	Yes	501	0.5%
.	Missing	841	0.9%
		93,589	

F30 Age cancer - thyroid

How old were you when a doctor first told you that you had this cancer? Thyroid

Variable #	72	Usage Notes:	Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied). Sub-question of F30 V3 Q12.1.5 "Cancer - thyroid". Not collected on all versions of Form 30.
Sas Name:	THYRCA55	Categories:	Medical History: Cancer Medical History: Thyroid
Sas Label:	Thyroid cancer 55 or older		
Values		N	%
1	Less than 55	348	0.4%
2	55 or older	96	0.1%
.	Missing	93,145	99.5%
		93,589	

F30 Cancer - cervix

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Cervix (opening to the uterus or womb)

Variable #	73	Usage Notes:	Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).
Sas Name:	CERVCA	Categories:	Medical History: Cancer Medical History: Reproductive
Sas Label:	Cervix cancer ever		
Values		N	%
0	No	91,555	97.8%
1	Yes	1,205	1.3%
.	Missing	829	0.9%
		93,589	

F30 Cancer - skin (not melanoma)

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Skin cancer (not melanoma)

Variable #	74	Usage Notes:	Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).
Sas Name:	SKINCA	Categories:	Medical History: Cancer
Sas Label:	Skin cancer (not melanoma) ever		
Values		N	%
0	No	85,166	91.0%
1	Yes	7,665	8.2%
.	Missing	758	0.8%
		93,589	



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

F30 Cancer - melanoma

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Melanoma

Variable # 75

Sas Name: MELN_F30

Sas Label: Melanoma cancer ever

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Cancer

Values		N	%
0	No	91,541	97.8%
1	Yes	1,211	1.3%
.	Missing	837	0.9%
		93,589	

F30 Cancer - bladder

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Bladder

Variable # 76

Sas Name: BLADCA

Sas Label: Bladder cancer ever

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Cancer

Values		N	%
0	No	92,550	98.9%
1	Yes	193	0.2%
.	Missing	846	0.9%
		93,589	

F30 Other cancers ever

Had other cancer ever (e.g. ovarian, endometrial, brain, liver, lung, bone, stomach, blood, lymphoma, Hodgkins, or other).

Variable # 77

Sas Name: OTHERCA

Sas Label: Other cancers ever

Usage Notes: Sub-questions of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Computed Variables
Medical History: Cancer

Values		N	%
0	No	87,553	93.6%
1	Yes	3,805	4.1%
.	Missing	2,231	2.4%
		93,589	



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

F30 How many falls/past 12 months

During the past 12 months, how many times did you fall and land on the floor or ground?

Variable # 78

Sas Name: NUMFALLS

Sas Label: Times fell down last 12 months

Usage Notes: none

Categories: Medical History: Bone/Fractures

Values		N	%
0	None	62,607	66.9%
1	1 time	18,394	19.7%
2	2 times	7,578	8.1%
3	3 or more times	3,911	4.2%
.	Missing	1,099	1.2%
		93,589	

F30 Fainted or blacked out

During the past 12 months, have you fainted, blacked out, passed out, or lost consciousness?

Variable # 79

Sas Name: FAINTED

Sas Label: Fainted last 12 months

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History
Medical History: Other Disease/Condition

Values		N	%
0	No	89,892	96.0%
1	Yes	2,325	2.5%
.	Missing	1,372	1.5%
		93,589	

F30 Broke bone ever

Did a doctor, nurse, or physician assistant ever say you had a broken, fractured, or crushed bone?

Variable # 80

Sas Name: BKBONE

Sas Label: Broke bone ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values		N	%
0	No	56,456	60.3%
1	Yes	35,746	38.2%
.	Missing	1,387	1.5%
		93,589	



Form 30 - Medical History

Data File: f30_os_pub

File Date: 08/02/2007 Structure: One row per participant

Population: OS participants

F30 Broke hip

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Hip

Variable # 81

Sas Name: BKHIP

Sas Label: Broke hip ever

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values		N	%
0	No	26,921	28.8%
1	Yes	887	0.9%
.	Missing	65,781	70.3%
		93,589	

F30 Age broke hip

How old were you when you first broke this bone? Hip

Variable # 82

Sas Name: BKHIP55

Sas Label: Broke hip first time 55 or older

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.1 "Broke hip".
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values		N	%
1	Less than 55	320	0.3%
2	55 or older	538	0.6%
.	Missing	92,731	99.1%
		93,589	

F30 Broke back or spine

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Spine or back (vertebra)

Variable # 83

Sas Name: BKBACK

Sas Label: Broke spine ever

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values		N	%
0	No	26,060	27.8%
1	Yes	1,748	1.9%
.	Missing	65,781	70.3%
		93,589	

F30 Age broke back or spine

How old were you when you first broke this bone? Spine or back (vertebra)

Variable # 84

Sas Name: BKBACK55

Sas Label: Broke spine first time 55 or older

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.2 "Broke back or spine".
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values		N	%
1	Less than 55	916	1.0%
2	55 or older	781	0.8%
.	Missing	91,892	98.2%
		93,589	



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

F30 Broke upper arm

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Upper arm (humerus)

Variable #	85	Usage Notes:	Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied). Not collected on all versions of Form 30.
Sas Name:	BKUARM	Categories:	Medical History: Bone/Fractures
Sas Label:	Broke upper arm ever		
Values		N	%
0	No	25,933	27.7%
1	Yes	1,875	2.0%
.	Missing	65,781	70.3%
		93,589	

F30 Age broke upper arm

How old were you when you first broke this bone? Upper arm (humerus)

Variable #	86	Usage Notes:	Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied). Sub-question of F30 V3 Q15.1.3 "Broke upper arm". Not collected on all versions of Form 30.
Sas Name:	BKUARM55	Categories:	Medical History: Bone/Fractures
Sas Label:	Broke upper arm first time 55 or older		
Values		N	%
1	Less than 55	1,034	1.1%
2	55 or older	792	0.8%
.	Missing	91,763	98.0%
		93,589	

F30 Broke lower arm or wrist

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Lower arm or wrist

Variable #	87	Usage Notes:	Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied). Not collected on all versions of Form 30.
Sas Name:	BKLARM	Categories:	Medical History: Bone/Fractures
Sas Label:	Broke lower arm ever		
Values		N	%
0	No	18,302	19.6%
1	Yes	9,506	10.2%
.	Missing	65,781	70.3%
		93,589	

F30 Age broke lower arm or wrist

How old were you when you first broke this bone? Lower arm or wrist

Variable #	88	Usage Notes:	Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied). Sub-question of F30 V3 Q15.1.4 "Broke lower arm or wrist". Not collected on all versions of Form 30.
Sas Name:	BKLARM55	Categories:	Medical History: Bone/Fractures
Sas Label:	Broke lower arm first time 55 or older		
Values		N	%
1	Less than 55	6,120	6.5%
2	55 or older	3,260	3.5%
.	Missing	84,209	90.0%
		93,589	



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

F30 Broke hand

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Hand (not finger)

Variable #	89	Usage Notes:	Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied). Not collected on all versions of Form 30.
Sas Name:	BKHAND	Categories:	Medical History: Bone/Fractures
Sas Label:	Broke hand ever		
Values		N	%
0	No	26,791	28.6%
1	Yes	1,017	1.1%
.	Missing	65,781	70.3%
		93,589	

F30 Age broke hand

How old were you when you first broke this bone? Hand (not finger)

Variable #	90	Usage Notes:	Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied). Sub-question of F30 V3 Q15.1.5 "Broke hand". Not collected on all versions of Form 30.
Sas Name:	BKHAND55	Categories:	Medical History: Bone/Fractures
Sas Label:	Broke hand first time 55 or older		
Values		N	%
1	Less than 55	605	0.6%
2	55 or older	374	0.4%
.	Missing	92,610	99.0%
		93,589	

F30 Broke lower leg or ankle

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Lower leg or ankle

Variable #	91	Usage Notes:	Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied). Not collected on all versions of Form 30.
Sas Name:	BKLLEG	Categories:	Medical History: Bone/Fractures
Sas Label:	Broke lower leg ever		
Values		N	%
0	No	20,112	21.5%
1	Yes	7,696	8.2%
.	Missing	65,781	70.3%
		93,589	

F30 Age broke lower leg or ankle

How old were you when you first broke this bone? Lower leg or ankle

Variable #	92	Usage Notes:	Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied). Sub-question of F30 V3 Q15.1.6 "Broke lower leg or ankle". Not collected on all versions of Form 30.
Sas Name:	BKLLEG55	Categories:	Medical History: Bone/Fractures
Sas Label:	Broke lower leg first time 55 or older		
Values		N	%
1	Less than 55	4,961	5.3%
2	55 or older	2,580	2.8%
.	Missing	86,048	91.9%
		93,589	



Form 30 - Medical History

Data File: f30_os_pub

File Date: 08/02/2007 Structure: One row per participant

Population: OS participants

F30 Broke foot

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Foot (not toe)

Variable # 93

Sas Name: BKFOOT

Sas Label: Broke foot ever

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values		N	%
0	No	22,710	24.3%
1	Yes	5,098	5.4%
.	Missing	65,781	70.3%
		93,589	

F30 Age broke foot

How old were you when you first broke this bone? Foot (not toe)

Variable # 94

Sas Name: BKFOOT55

Sas Label: Broke foot first time 55 or older

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.7 "Broke foot".
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values		N	%
1	Less than 55	3,141	3.4%
2	55 or older	1,839	2.0%
.	Missing	88,609	94.7%
		93,589	

F30 Broke other bone

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Other (Specify):

Variable # 95

Sas Name: BKOTHB

Sas Label: Broke other bone ever

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values		N	%
0	No	19,329	20.7%
1	Yes	12,924	13.8%
.	Missing	61,336	65.5%
		93,589	

F30 Age broke other bone

How old were you when you first broke this bone? Other (Specify):

Variable # 96

Sas Name: BKOTHB55

Sas Label: Broke other bone first time 55 or older

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.8 "Broke other bone" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values		N	%
1	Less than 55	8,433	9.0%
2	55 or older	4,300	4.6%
.	Missing	80,856	86.4%
		93,589	



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

Hypertension

Computed from Form 30, questions 7, 7.2, and 7.3. Three category variable on history of hypertension including information on current treatment. The three groups are never, currently untreated and currently treated hypertensive.

Variable # 97		Usage Notes: none	
Sas Name: HTNTRT		Categories: Computed Variables Medical History: Cardiovascular	
Sas Label: Hypertension			
Values		N	%
0	Never hypertensive	61,196	65.4%
1	Untreated hypertensive	7,317	7.8%
2	Treated hypertensive	23,464	25.1%
.	Missing	1,612	1.7%
		93,589	

Hip fracture age 55 or older

Computed from Form 30, questions 15.1 and 15.2. Indicator of whether participant has had a hip fracture at age 55 or older. Set to missing if age at screening is less than 55.

Variable # 98				Usage Notes: none	
Sas Name: HIP55				Categories: Computed Variables Medical History: Bone/Fractures	
Sas Label: Hip fracture age 55 or older					
Values		N	%		
0	No	72,428	77.4%		
1	Yes	538	0.6%		
.	Missing	20,623	22.0%		
		93,589			

Fracture at age 55+

Computed from Form 30, questions 15, 15.1 and 15.2. Indicator of whether the participant has ever broken a bone for the first time at age 55 or older.

Variable # 99

Sas Name: FRACT55

Sas Label: Fracture at Age 55+

Values

	N	%
0	No	61,385 65.6%
1	Yes	12,541 13.4%
.	Missing	19,663 21.0%
		93,589

Usage Notes: none

Categories: Computed Variables
Medical History: Bone/Fractures



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_os_pub **File Date:** 08/02/2007 **Structure:** One row per participant **Population:** OS participants

CABG/PTCA ever

Computed from Form 30, questions 3.1.4 and 3.1.5. Indicator for whether the participant has a history of either CABG or PTCA.

Variable # 100

Sas Name: REVASC

Sas Label: CABG/PTCA Ever

Usage Notes: none

Categories: Computed Variables
Medical History: Cardiovascular

Values		N	%
0	No	90,389	96.6%
1	Yes	1,773	1.9%
.	Missing	1,427	1.5%
		93,589	
